

# A Children's Village

West U. Baptist Church  
Preschool /Mother's Day Out  
6218 Auden, Houston, TX 77005 713-667-5180

## INFANT CARE INSTRUCTION SHEET

In order to serve your child's needs in a more individualized manner, we ask that you fill out this form and return it to us. We ask that you review these instructions every 30 days. If they are still accurate, sign and date this again. If they are no longer accurate, fill out a new form. You will need to continue updating this information until your child eats table food.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Formula (Be specific) \_\_\_\_\_ Warmer: YES NO

Type(s) of Juice \_\_\_\_\_

Type of Diet: Cereal \_\_\_\_\_ Meats \_\_\_\_\_

Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_

---

Allergies: Food: \_\_\_\_\_

Symptoms produced: \_\_\_\_\_

Skin: \_\_\_\_\_

Symptoms produced: \_\_\_\_\_

Other: \_\_\_\_\_

Symptoms produced: \_\_\_\_\_

Skin care: Ointment \_\_\_\_\_ Special Soap \_\_\_\_\_

Does your baby use a pacifier? YES NO Comments: \_\_\_\_\_

How and where does your child go to sleep at home? \_\_\_\_\_

### OTHER HELPFUL INFORMATION

(Use back if necessary)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ **No Changes or Updates** Date \_\_\_\_\_

I no longer need to update this form. My child eats table food.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_